

# HEALTH POLICY BRIEF

RHODE ISLAND DEPARTMENT OF HEALTH

## ***Tobacco Use in Rhode Island: Addressing Disparities Among Adult Current Smokers***

Prepared by  
Jana Hesser, PhD, Germaine Dennaker, MA, and Betty Harvey MA, MS

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*Safe and Healthy Lives in Safe and Healthy  
Communities*

PATRICIA A. NOLAN, M.D., M.P.H., DIRECTOR OF HEALTH

Rhode Island Department of Health  
Office of Health Statistics  
3 Capitol Hill  
Providence, Rhode Island 02908

*Change service requested  
(401) 222-2550*

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## Introduction

The national *Healthy People 2010* (HP2010) initiative and the statewide *Healthy Rhode Islanders 2010* initiative have 2 overarching goals: to increase quality and years of healthy life and to eliminate **health disparities**. HP2010 selected a core set of ten topics of major public health concern to provide a snapshot of the overall health of all Americans.

- |                               |                         |
|-------------------------------|-------------------------|
| ♦ Physical Activity           | ♦ Mental Health         |
| ♦ Overweight and Obesity      | ♦ Injury and Violence   |
| ♦ Tobacco Use                 | ♦ Environmental Quality |
| ♦ Substance Abuse             | ♦ Immunization          |
| ♦ Responsible Sexual Behavior | ♦ Access to Health Care |

This summary set, known as the leading health indicators (LHIs), is being used to monitor the health of Rhode Islanders. Objectives from HP2010 measure the LHIs, including Objective 27 – 1a on adult tobacco use.

**27-1a Reduce cigarette smoking by adults.**

**Target → 10%**

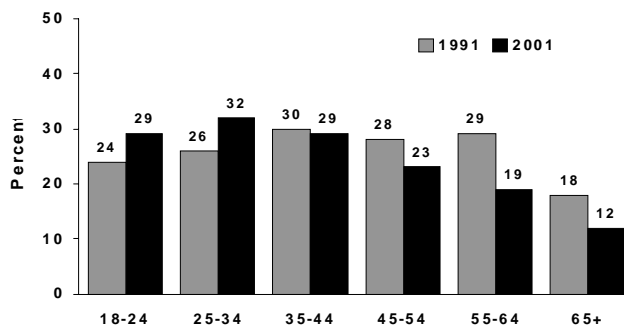
Reducing adult tobacco use and eliminating disparities among select population groups at highest risk for tobacco use will have a beneficial impact upon the health of smokers themselves as well as those exposed to secondhand smoke.

Tobacco is the leading cause of preventable death in the United States. Over 400,000 Americans die of tobacco-related causes each year. Almost 1 in 4 Americans is addicted to cigarettes. In 2001, the proportion of people in Rhode Island who smoke (24%) is similar to the national smoking rate (23%).

## While overall smoking has declined, the rate among 18 to 34 year olds is increasing.

From 1991 to 2001, the overall adult smoking rate in Rhode Island has declined from 26% to 24%. However, a closer look reveals that the smoking rate for adults under 35 has increased, while smoking has decreased among adults over age 34.

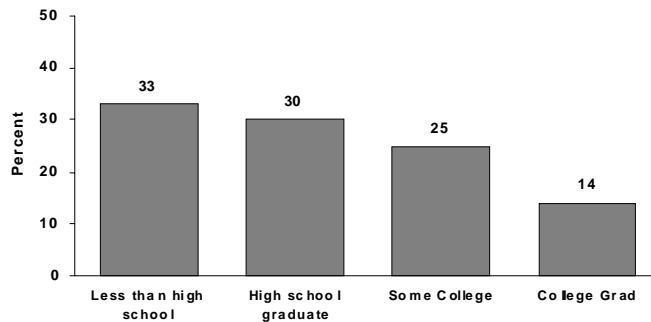
Figure 1. Rhode Island Adults 18 Years and Older Who Are Current Smokers, By Age, 1991 and 2001



## Higher levels of education are associated with lower smoking rates.

Smoking rates decrease as education level increases. The smoking prevalence for college graduates is half that for high school graduates.

Figure 2. Rhode Island Adults 18 Years and Older Who Are Current Smokers, By Education Level, 2001



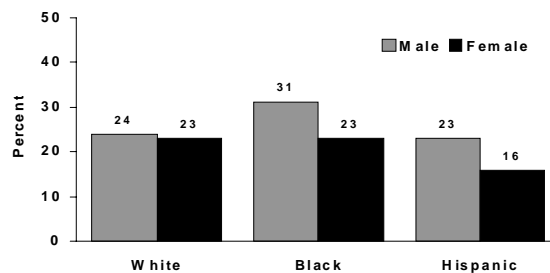
DATA SOURCE: Rhode Island Behavioral Risk Factor Surveillance System

## Smoking rates are highest among Black males and lowest among Hispanic females.

Black and Hispanic males have higher smoking rates than their female counterparts, while rates for white males and females are almost identical.

Black males have the highest smoking prevalence of any of these racial/ethnic and gender groups.

Figure 3. Rhode Island Adults 18 Years and Older Who Are Current Smokers, by Race/Ethnicity and Gender, 2001

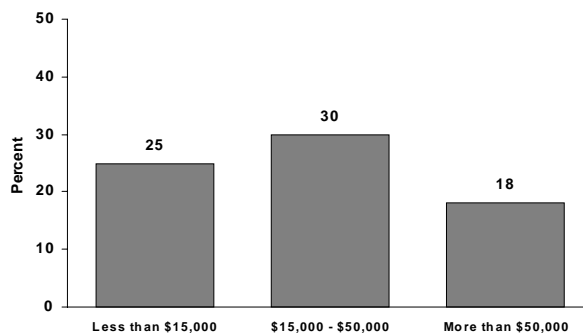


DATA SOURCE: Rhode Island Behavioral Risk Factor Surveillance System

## Smoking rates are highest for adults from the lowest income households.

Smoking rates are highest for those with intermediate household incomes, lower for low-income households, and lowest for those with highest household incomes.

Figure 4. Rhode Island Adults 18 Years and Older Who Are Current Smokers, by Annual Household Income, 2001



DATA SOURCE: Rhode Island Behavioral Risk Factor Surveillance System

## Best practice calls for multiple strategies with attention to disparate health impacts, found in Rhode Island in low-income, urban communities.

Successful programs have demonstrated that multiple program components are necessary to reduce adult tobacco use. Combining community programs with counter-marketing campaigns and access to tobacco treatment increases success in reducing smoking. Low-income smokers have higher quit rates when cigarette taxes increase.

BEST PRACTICES	CURRENT PROGRAM ACTIVITIES	FUTURE PLANS
➤ Community Component	➤ Intensive multi-component projects are in place in core cities of Providence, Pawtucket, Central Falls, Woonsocket, and East Providence.	➤ Increase the number of communities with tobacco-related disparate health impacts that have funding to implement multi-component programs.
➤ Counter-marketing Component	➤ Two statewide multi-media campaigns are tailored for the core communities--secondhand smoke and quitting.	➤ Decrease smoking in public places, workplaces and homes and vehicles.
➤ Cessation Component	➤ Free materials, telephone counseling, and face-to-face treatment with patch or gum is provided.	➤ Increase access and availability of treatment services in core cities with disparate health impacts.

### Current Smokers

Current smokers are defined as persons 18 years and older who have smoked 100 or more cigarettes in their lifetime and now smoke some or most days.

### Rhode Island Behavioral Risk Factor Surveillance System

is a telephone survey of a representative sample of Rhode Island adults (ages 18 years and older). Data from the 2000 RI BRFSS are available on the OHS website:

<http://www.HEALTH.ri.gov/chic/statistics/brsf2000.pdf>

And on the Centers for Disease Prevention and Control websites:

<http://www.cdc.gov/brfss> or <http://www.apps.nccd.gov/brfss/index.asp>

### Rhode Island Tobacco Control Program

Visit the following websites for more information on the RI Tobacco Control Program and its activities:

RI Tobacco Control Program Home Page:

<http://www.HEALTH.ri.gov/disease/tobacco/home.htm>

RI Quit Smoking Campaign

<http://www.HEALTH.ri.gov/disease/tobacco/trytostoptobacco.htm>

For more information about HEALTH's Tobacco Control Program, contact Betty Harvey at 401-222-3293 or visit the HEALTH website at: <http://www.HEALTH.ri.gov>



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